

SHOOK, HARDY & BACON ADDICTION DATA BASE

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ATTY. WORK PRODUCT

REC 002403
AU Lando, H
TTL Issues and New Directions in Multifaceted Behavioral Smoking Intervention Programs
CT Intl Conf Smoking Cessation 0(0): 288
DT 1978
SUM Perhaps the most notable is the research of Lichtenstein and his colleagues at the University of Oregon. These investigators have obtained some of the most successful results to date by means of a rapid smoking procedure in which subjects are required to take puffs every 6 seconds until further smoking cannot be tolerated. Unfortunately, other investigators employing excessive smoking have often failed to produce successful outcomes.; It is instructive to note that in both Best's treatment programs and in my own, self-management as a whole does appear to produce an incremental effect over aversive smoking alone.; A focus upon multicomponent approaches decreases the likelihood that specific treatment elements can be isolated. However, it has been argued that a preferred strategy at present would be to develop effective multicomponent interventions and then to undertake systematic research designed to uncover the active elements in those interventions. Although not always successful, this approach has sometimes resulted in dramatic long-term success.; A more ambitious two-stage emphasizing aversive conditioning (excessive smoking) and self-management produced substantially better results. The 76 percent, 6-month abstinence rate for this treatment is in fact one of the more successful results reported in the literature. Subjects were asked to abstain following 1 week of dramatically increased smoking (the suggested minimum consumption for the week was twice the baseline level). They then forfeited money for every cigarette smoked, contracted for self-rewards or self-punishments contingent upon smoking, and pledged to undergo 48 hours of renewed aversive treatment (rapid smoking) in the event of relapse. They also attended formal group sessions at increasing time intervals over a 2-month period. Control subjects limited to aversive conditioning achieved a 6-month abstinence rate of 35 percent.
SUBJ K1A, CESSATION, METHODS
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

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DT 1978
SUM A more ambitious two-stage emphasizing aversive conditioning (excessive smoking) and self-management produced substantially better results. The 76 percent, 6-month abstinence rate for this treatment is in fact one of the more successful results reported in the literature. Subjects were asked to abstain following 1 week of dramatically increased smoking (the suggested minimum consumption for the week was twice the baseline level). They then forfeited money for every cigarette smoked, contracted for self-rewards or self-punishments contingent upon smoking, and pledged to undergo 48 hours of renewed aversive treatment (rapid smoking) in the event of relapse. They also attended formal group sessions at increasing time intervals over a 2-month period. Control subjects limited to aversive conditioning achieved a 6-month abstinence rate of 35 percent.
SUBJ K1CA, CESSATION, STATISTICS, TOBACCO
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 001789
AU Lando, HA
TTL Smoking
CT Clin Behav Ther Behav Modif, Vol. 2
DT
SUM . . . most of the evidence pointing to nicotine as the primary reinforcer in smoking is circumstantial. Although smokers prefer cigarettes with nicotine, they will smoke non-nicotine cigarettes at least temporarily if no others are available. The fact that supplementing lettuce cigarettes with nicotine did not improve their acceptability to smokers indicates that nicotine alone does not provide a sufficient explanation for smoking.
SUBJ B1, TOBACCO/NICOTINE
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 001790
AU Lando, HA
TTL Smoking
CT Clin Behav Ther Behav Modif, Vol. 2
DT
SUM It is also extremely important that the smoker take personal responsibility for quitting. Too many smokers, especially in structured treatment programs, place full responsibility for their success in the hands of the therapist.
SUBJ K1A, CESSATION, METHODS
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

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REC 001791
AU Lando, HA
TTL Smoking
CT Clin Behav Ther Behav Modif, Vol. 2
DT
SUM Not just in smoking, but also in dealing with fear of public speaking, investigators have found that at least under some circumstances complex treatments are less effective than comparison conditions which eliminate one or more elements.
SUBJ K1AD, CESSATION, METHODS, CRITICISM
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 001792
AU Lando, HA
TTL Smoking
CT Clin Behav Ther Behav Modif, Vol. 2
DT
SUM A crucial step in the clinical process is to assist the smoker in reaching a firm decision that he or she will quit and then to specify a target date for doing so. Many smokers never reach this decision. Instead, they continue to avoid personalizing the dangers involved in their smoking habit.
SUBJ K1B, CESSATION, MOTIVATION
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 001793
AU Lando, HA
TTL Smoking
CT Clin Behav Ther Behav Modif, Vol. 2
DT
SUM The use of collaborators is no guarantee of accuracy. Lichtenstein and Danaher (1976) have observed that the recruitment of friends as observers can lead to increased reactivity. Cooperation may be very difficult to obtain, performance may be sloppy, and there may be obvious bias. Because the collaborators are often close friends of the subjects, their reports may be no more objective than those of the subjects themselves. The extremely high correlation often obtained between subjects and collaborators may be a reflection of collusion more than that of accuracy.
SUBJ V1, RESEARCH CRITICISM
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

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REC 001794
AU Lando, HA
TTL Smoking
CT Clin Behav Ther Behav Modif, Vol. 2
DT
SUM Self-reports can also be reactive, as noted previously. The fact that many studies have relied solely upon unverified self-reports as a measure of outcome is therefore a cause for concern. Observing smoking under controlled laboratory conditions is a more precise method, but it also presents significant problems. Smoking behavior observed in the laboratory may be quite different from smoking that occurs under more natural conditions.
SUBJ V1A, RESEARCH CRITICISM, SELF-REPORT
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 002220
AU Lando, HA
TTL Clinical Behavior Therapy and Behavior Modification (3 Smoking)
CT Clin Behav Ther Behav Modif 2(0): 73-119
DT 1981
SUM Smoking has been found to be a surprisingly complex behavior, the determining factors of which are not fully understood. A variety of theories and explanations for the persistence of the smoking habit have been developed. Emphasis has been placed upon both pharmacological and psychological factors, as well as upon various combinations of these influences. (p. 77)
SUBJ E1B, MOTIVATIONS, MAINTENANCE
CD APRIL 11, 1987 LSI
UDT JUNE 1, 1987 SHB

REC 002221
AU Lando, HA
TTL Clinical Behavior Therapy and Behavior Modification (3 Smoking)
CT Clin Behav Ther Behav Modif 2(0): 73-119
DT 1981
SUM Not all the evidence has supported the nicotine-dependence hypothesis---. Jarvik has suggested---that most of the evidence pointing to nicotine as the primary reinforcer in smoking is circumstantial. Although smokers prefer cigarettes with nicotine, they will smoke non-nicotine cigarettes at least temporarily if no others are available. The fact that supplementing lettuce cigarettes with nicotine did not improve their acceptability to smokers indicates that nicotine alone does not provide a sufficient explanation for smoking. (pp. 78-79)
SUBJ B1A, TOBACCO/NICOTINE, AS ADDICTION
CD APRIL 11, 1987 LSI
UDT JUNE 1, 1987 SHB

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REC 002222
AU Lando, HA
TTL Clinical Behavior Therapy and Behavior Modification (3 Smoking)
CT Clin Behav Ther Behav Modif 2(0): 73-119
DT 1981
SUM Not all the evidence has supported the nicotine-dependence hypothesis---. Jarvik has suggested---that most of the evidence pointing to nicotine as the primary reinforcer in smoking is circumstantial. Although smokers prefer cigarettes with nicotine, they will smoke non-nicotine cigarettes at least temporarily if no others are available. The fact that supplementing lettuce cigarettes with nicotine did not improve their acceptability to smokers indicates that nicotine alone does not provide a sufficient explanation for smoking. (pp. 78-79)
SUBJ E1C, MOTIVATIONS, REINFORCEMENT
CD APRIL 11, 1987 LSI
UDT JUNE 1, 1987 SHB

REC 002223
AU Lando, HA
TTL Clinical Behavior Therapy and Behavior Modification (3 Smoking)
CT Clin Behav Ther Behav Modif 2(0): 73-119
DT 1981
SUM The great majority of ex-smokers have quit in the absence of formal treatment programs. (p. 106)
SUBJ K1AA, CESSATION, METHODS, NON-FORMAL
CD APRIL 11, 1987 LSI
UDT JUNE 1, 1987 SHB

REC 002609
AU Lando, HA
TTL Smoking
CT Clin Behav Ther Behav Modif 2: 73
DT 1981
SUM Jarvik (1977) has suggested however, that most of the evidence pointing to nicotine as the primary reinforcer in smoking is circumstantial. Although smokers prefer cigarettes with nicotine, they will smoke non-nicotine cigarettes at least temporarily if no others are available. The fact that supplementing lettuce cigarettes with nicotine did not improve their acceptability to smokers indicates that nicotine alone does not provide a sufficient explanation for smoking. Jarvik has suggested that nicotine may be necessary but not sufficient to sustain cigarette consumption.
SUBJ E1C, MOTIVATIONS, REINFORCEMENT
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

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REC 002610
AU Lando, HA
TTL Smoking
CT Clin Behav Ther Behav Modif 2: 73
DT 1981
SUM Not all the evidence has supported the nicotine-dependence hypothesis, however. Kumar, Cooke, Lader, and Russell (1977) failed to produce changes in smoking rate when they administered nicotine to subjects intravenously. Jarvik (1977) noted that lettuce cigarettes reinforced with nicotine were no more acceptable to smokers than non-nicotine cigarettes.
SUBJ A1D, TERMS, PSYCHOACTIVE
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 002611
AU Lando, HA
TTL Smoking
CT Clin Behav Ther Behav Modif 2: 73
DT 1981
SUM Not all the evidence has supported the nicotine-dependence hypothesis, however. Kumar, Cooke, Lader, and Russell (1977) failed to produce changes in smoking rate when they administered nicotine to subjects intravenously. Jarvik (1977) noted that lettuce cigarettes reinforced with nicotine were no more acceptable to smokers than non-nicotine cigarettes.
SUBJ B1A, TOBACCO/NICOTINE, AS ADDICTION
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 002612
AU Lando, HA
TTL Smoking
CT Clin Behav Ther Behav Modif 2: 73
DT 1981
SUM Not all the evidence has supported the nicotine-dependence hypothesis, however. Kumar, Cooke, Lader, and Russell (1977) failed to produce changes in smoking rate when they administered nicotine to subjects intravenously. Jarvik (1977) noted that lettuce cigarettes reinforced with nicotine were no more acceptable to smokers than non-nicotine cigarettes.
SUBJ E1BA, MOTIVATIONS, MAINTENANCE, TITRATION
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

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REC 002613
AU Lando, HA
TTL Smoking
CT Clin Behav Ther Behav Modif 2: 73
DT 1981
SUM A clinical prescription for helping smokers to achieve abstinence includes assisting them in reaching a firm decision to quit and then setting a specific target date for doing so. Smokers must take personal responsibility for their behavior. Their reasons for quitting should be sufficiently powerful and personally salient to sustain the abstinence effort.
SUBJ K1B, CESSATION, MOTIVATION
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 002900
AU Lando, HA; McGovern, PG
TTL Three-Year Data on a Behavioral Treatment for Smoking: a Follow-up Note
CT Addict Behav 7: 171-181
DT 1982
SUM One-year follow-up data indicated the superiority of the two-stage intensive contact procedure. The present article reports additional follow-up data at 12, 18, 24, and 36 months. Results continued to favor two-stage intensive contact. Long-term abstinence in this condition consistently exceeded 40% as opposed to less than 25% in the other conditions. (p. 177)
SUBJ K1A, CESSATION, METHODS
CD NOVEMBER 1, 1987 SHB

REC 002218
AU Lando, HA
TTL Measurement in the Analysis and Treatment of Smoking Behavior (Data Collection and Questionnaire Design (Smoking Cessation in Adults))
CT Natl Inst Drug Abuse Res Monogr Ser 0(48): 74-89
DT 1983
SUM The obvious advantage /of self-reports/ is that the subject is in a better position than anyone else to observe his or her own smoking behavior continually. Unfortunately, there is no assurance that the subject will be accurate or even honest. False reporting has been documented in a number of studies.... The fact that many studies have relied solely upon unverified self-reports as a measure of outcome is therefore a cause for concern. . . . (p. 79)
SUBJ V1A, RESEARCH CRITICISM, SELF-REPORT
CD APRIL 11, 1987 LSI
UDT JUNE 1, 1987 SHB

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REC 002219

AU Lando, HA

TTL Measurement in the Analysis and Treatment of Smoking Behavior (Data Collection and Questionnaire Design (Smoking Cessation in Adults))

CT Natl Inst Drug Abuse Res Monogr Ser 0(48): 74-89

DT 1983

SUM Minimal statistical power is lacking in many published studies, especially when the major criterion is a dichotomous abstinence-nonabstinence outcome. (p. 84)

SUBJ V1, RESEARCH CRITICISM

CD APRIL 11, 1987 LSI

UDT JUNE 1, 1987 SHB

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